

State of Georgia Report of Conviction

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;">Last NameFirst NameMiddle NameSuffix</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>Operator/Drivers License Number/Class</div>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>Street Address</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>Country/State of License</div>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;">CityStateZip Code</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>Date of Birth</div>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;">Gender<input type="checkbox"/> Male <input type="checkbox"/> Female</div>	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"><div><div>Commercial Driver?</div><div>Commercial Vehicle?</div><div>16+ Passengers?</div><div>Hazardous Materials Violation/Placard(s)?</div><div>Interlock Device Ordered?</div></div><div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div></div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"><div><div>License Attached?</div><div>Involved in an Accident?</div><div>If Accident, Injuries?</div><div>If Accident, Fatality?</div><div>2-Lane Road?</div></div><div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div><div><div><input type="checkbox"/> Lost License Affidavit</div></div></div>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>Blood Alcohol Concentration, if applicable</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>If applicable, Actual Speed</div>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>%</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>Speed Limit</div>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>Date of Violation/Offense</div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>County of Violation</div>

	WHAT IS THE CODE SECTION OF THE OFFENSE FOR WHICH THE VIOLATOR WAS CONVICTED?	
<div style="display: flex; justify-content: space-between;"><div>O.C.G.A. Section:</div><div>Description of Offense:</div></div>		

Date of Disposition

Disposition Code (CHECK ONE):

☐ (3) Plead Guilty

☐ (4) Nolo Contendre

☐ (2) Bond Forfeiture

☐ (1) Found Guilty

Sentence Amount Fine/Forfeiture Amount \$

Name of Arresting Officer

Department/Issuing Agency

/

NCIC #

Agency Name

CHECK THE APPROPRIATE BOX (ONLY ONE) AND FILL IN THE REQUIRED INFORMATION	
<div style="display: flex; justify-content: space-between;"><div>Zero Points Court Order Issued per O.C.G.A. 40-5-57(c)(1)(C)?</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div> <div style="display: flex; justify-content: space-between;"><div>License Suspension Court Ordered as a Condition of Probation?</div><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>If yes, Court Ordered License Suspension Duration</div>
	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div>Years/Months/Days</div>

Court Case Number

Citation Number

/

Court

NCIC #

Court Name

Mailing Address of Court

Physical Address of Court

Signature of Judge, Court Clerk or Court Official

Mail to: Georgia Department of Driver Services, Conviction Processing Unit, P.O. Box 80447, Conyers, GA 30013